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COALITION OF MEDICATION-ASSISTED TREATMENT PROVIDERS AND ADVOCATES

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**Joint Legislative Budget Hearing  
Mental Hygiene  
February 5, 2021**

**Testimony submitted on behalf of COMPACTM  
by Allegra Schorr, President**

Thank you for the opportunity to testify today and thank you for your leadership in combating the COVID-19 pandemic and the deadly upsurge in the ongoing heroin and opioid epidemic. As you are aware, overdoses have increased drastically across the state, with close to 20 counties reporting a rise in overdoses.

The 107 New York Opioid Treatment Programs (OTPs) and Medication-Assistance Treatment (MAT) programs are on the front lines, providing lifesaving treatment to more than 41,000 New Yorkers amid the COVID-19 pandemic, and fighting to keep emergency rooms and hospitals as clear as possible for other essential services. These programs have a specialized mission to treat opioid dependence through Medication-Assisted Treatment. MAT involves a comprehensive approach to treatment that includes physical care, counseling, and medication. There are three FDA-approved drugs used in MAT: Methadone, Buprenorphine, and extended-release injectable Naltrexone.

Individuals with opioid use disorder are at increased risk of contracting and spreading COVID-19 due to medical co-morbidities (National Institute on Drug Abuse, 2020; Mallet et al., 2020). Moreover, interruption of MAT services increases the risk of overdose and increases vulnerability to COVID-19. Patients who experience an interruption in opioid services may have greater difficulty complying with required isolation, may be less likely to be tested for COVID-19, and may be at greater risk for HCV, Hepatitis B or HIV (Dunlop et al., 2020).

On March 16, 2020, SAMHSA issued a waiver for OTP patients to receive increased take-home doses and guidance for patients quarantined at home with the coronavirus, which allowed alternative delivery methods of Methadone to enrolled OTP patients to ensure consistent dosing during the public health emergency (SAMHSA, 2020). This approach has provided the necessary flexibility providers need to ensure that people continued to have access to treatment. In addition, COMPACTM, with the help of New York State legislators, worked with the NYS OASAS and DOH to put together an emergency COVID bundled reimbursement. This has allowed OTPs to dramatically reduce the number of patient visits, increase take-homes, and remain fiscally stable. The critical addition of telehealth and telephone services were and continue to be vital to maintaining treatment services during the pandemic.

As New York continues to struggle with the impact of the pandemic and the increase in deadly overdoses across the state, it is vital that the State support policies that increase access to comprehensive treatment and remove barriers that impede that access. COMPACTM's 2021 budget agenda is reflective of this approach.

- **Prevent OTP Closures Due to OMIG Audits:** Although this is not addressed in the Executive Budget, this is an issue that threatens to destabilize the OTP system. Compliance audits of OTPs conducted by OMIG are resulting in vastly disproportional disallowances that have, and will continue to, result in the loss of treatment slots.

In treating opioid use disorder, OTPs utilize federally regulated medications, such as Methadone, that people are legally required to take 6 days per week for the first 90 days of treatment. The Office of Medicaid Inspector General (OMIG)'s evaluative audit criteria treat these mandated, in-person medication administration visits the same as all other services. This results in a conflation of services and excessively high fines when inconsistencies are identified.

For example, an OTP was recently fined \$7.7 million for 12 clerical errors valued at \$400. No fraud or abuse was alleged or found, but OMIG's extrapolation of these errors has forced this OTP to close its operations and end treatment for 1,500 patients. A similar situation is playing out in Western NY, with several more audits in the pipeline.

COMPA is calling for a complete reevaluation of OMIG's audit process for OTPs and statutory protections that prevent OMIG's actions from leading to a reduction in access and services when no fraud or abuse is found.

- **Establish a Comprehensive Telehealth Policy:** Telehealth has played a central role in providing care to individuals during the pandemic. Given the rising demand in services and the effectiveness of telehealth in ensuring access, it is critical that New York implement a comprehensive telehealth policy. COMPA supports the Executive Budget proposal, but wants to ensure that the following provisions are included:
  - Rate parity for telehealth visits with in-person visits
  - The inclusion of audio-only telephonic visits
  - Provider eligibility that includes non-licensed professionals, such as peers
- **Eliminate Copays for Treatment at OTPs:** COMPA appreciates the recent change to state policy to require copays for Opioid Use Disorder (OUD) treatment to be in-line with copays for primary care. However, it is also necessary to limit the frequency of copays at OTPs. For example, at the start of treatment, Methadone patients are required by federal law to receive treatment 6 times a week for 90 days. Insurers do not consider the regularity of patient visits and can impose high, daily copays which are cost-prohibitive for people seeking treatment.

COMPA supports [A.372 \(Rosenthal\)/\(2021 number pending-Harckham\)](#), which prohibits copays for treatment at OTPs and recommends this be achieved in the final budget.
- **Direct ALL Settlement Dollars and Opioid Excise Tax to Treatment:** As pharmaceutical companies linked to the opioid epidemic settle their cases, any settlement money must be directed into treatment to help mitigate the crisis they helped create. Similarly, any funds generated by the excise tax on the sale of opioids must be directed towards treatment. Despite the State's fiscal challenges, these two pots of funding should not be used to balance the state budget. Instead, funding must be directed towards expanding behavioral health treatment services, increasing access to life-saving medications, and treating co-occurring mental health conditions. The final state budget should include language to this effect.
- **Protect OTPs From Funding Cuts:** The Executive Budget authorizes a 5% withhold of local assistance funding to programs across the non-profit sector along with a 1% Medicaid cut. Any reductions in OTP funding will significantly impact their ability to provide critical care to New Yorkers. Payments pursuant to the mental hygiene law are exempt from the 1% reduction. We ask the legislature to continue this exemption and oppose the 5% withholds.
- **Establish an Integrated Licensure:** COMPA supports the Executive Budget proposal to create an integrated license that allows for the provision of integrated physical health, mental health, and addiction services in one location.
- **Establish Crisis Stabilization Centers:** The Executive Budget authorizes the creation of crisis stabilization centers to serve as a safe place for law enforcement, first responders, the court, or directors

of community services to take people who are in crisis. COMPA supports these centers, which will serve as an alternative to hospital settings and the criminal justice system.

- **MAT in Correctional Facilities**

Nationally, nearly one quarter of people in jails and prisons are addicted to opioids and upon release they are 130-times more likely to die from an overdose than the general population. COMPA commends the Executive for allocating \$1.8 million towards jail-based addiction treatment and transition services but maintains that to significantly reduce such fatalities, MAT should be required in all jails and state prisons.

- **Prioritize funding for MAT in prisons.** COMPA supports [A.533 \(Rosenthal\)/S.1795\(Bailey\)](#). This bill establishes a patient-centered MAT program for incarcerated individuals who can opt into treatment at any point of their incarceration, receive treatment throughout their incarceration, and work with clinical and parole personnel on a reentry strategy that includes access to treatment.
  - **Mandate access to MAT as part of work release/parole programs.** Under existing regulations, inmates may participate in an alcohol and substance abuse treatment program. Since MAT is the recognized standard of care for opioid addiction, the regulations should specifically state that programs should connect individuals who fall into this category to MAT providers.
- **Improve Transportation Options for Medicaid Patients:** Medicaid transport is both costly and unreliable. COMPA recommends looking at a model that relies on an efficient and less-costly option.
- **Overdose Prevention Sites:** COMPA supports this policy as an important part of harm reduction efforts if it is accompanied by protocols to establish connections to treatment.
- **Ensure access to MAT under Medicaid:** COMPA supports [A.2030 \(Rosenthal\)/S.649\(Harckham\)](#), which prohibits prior authorization for all FDA approved MAT medications. The Governor recently signed legislation removing these barriers under commercial insurance. Medicaid recipients deserve the same access. COMPA supports inclusion of this bill language in the final budget.
- **Increase access to Naloxone:** COMPA supports [A.336 \(Braunstein\)/S.2966 \(Harckham\)](#), which requires the co-prescribing of naloxone with opioid prescriptions for people who are at a high risk of overdose. This includes people who have a history of a SUD, are receiving a high dosage of opioids, or who are concurrently prescribed benzodiazepine or non-benzodiazepine sedative hypnotics. COMPA supports inclusion of this bill language in the final budget.